Statement of Organization Recipient Committee		Type or print in ink		STATEMENT OF ORGANIZATION				
					Date Stamp		FORNIA ORM	410
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:	List I.D. r	mination - See Part 5 number:	RECEI	VED	For Official Us	e Only
	,,	#	#1224	4608	61 JAN 31 A	1111:37		
	Date qualified as committee	Date qualified as committee (If applicable)	Date	/_31_/_00 of Termination	CITY CLE	RK C.		
. Committee	Information .		2	2. Treasurer and O	ther Principal Offic	cers		
NAME OF COMMITT	EE			NAME OF TREASURER				
				Bruce R. Sasa	ki			
	to Elect Bob Joh	nson		1806 W. Kettl	eman Lane, Sui	te G		
STREET ADDRESS	•			CITY	STATE	ZIP CODE	AREA	CODE/PHONE
1311 Midva	ale Road			Lodi	CA.	95242	209-36	9-3548
CITY	STAT		DE/PHONE	NAME OF ASSISTANT THEAS	SUKEH, IF ANY			
Lodi	CA	95240 209-369-	3548	MAILING ADDRESS	·			
MAILING ADDRESS	(IF DIFFERENT)					•		
		·		CITY	STATE	ZIP CODE	AREA	CODE/PHONE
OPTIONAL: FAX/E	-MAIL ADDRESS							
209-369-7		TERE COLUMNICATION ACTIVE IS DISCE	FDENT	NAME AND POSITION OF OT	HER PRINCIPAL OFFICER(S), IF	APPLICABLE		
COUNTY OF DOMIC		HERE COMMITTEE IS ACTIVE IF DIFFE NTY OF DOMICILE	EHENI	MAILING ADDRESS				
San Joaqu	in							
				CITY	STATE	ZIP CODE	AREA	CODE/PHONE
Attach additional ir	nformation on appropriately labeled	continuation sneets.						-
3. Verification I have used all i perjury under th	reasonable diligence in prepa e laws of the State of Californ	ring this statement and to the be	est of my kno d correct.	wledge the information co	ntained herein is true and	complete. I c	ertify unde	r penalty of
Executed on	1/30/01 1/21/21	By		SIGNATURE O	F TREASURER OR ASSISTANT TREA	ASURER		
Executed on	//3//D/ / DATE	By		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROF	ONENT	
Executed on	DATE	Ву		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROP	PONENT	
Executed on	DATE	By		SIGNATURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STA	TE MEASURE PROF	ONENT	

tatement of Organization	CALIFORNIA 410 FORM				
ecipient Committee					
STRUCTIONS ON REVERSE					
MMITTEE NAME				I.D. NUMBER	
ommittee to Elect Bob Johnson				1224608	
Type of Committee Complete the applicable sections.					
Controlled Committee					
Controlled Committee					
<ul> <li>List the name of each controlling officeholder, candidate, or</li> </ul>	or state measure proponent. If can	didate or officeholder controlle	d, also list the ele	ective office sought or held,	and
				PARTY	
			1	Non-Partisan	
Robert Joseph Johnson	Lodi City Counc	11	2000	Republican	
				☐ Non-Partisan	
			<u> </u>		
List the financial institution and the disposition of surplus					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	T NUMBER	DATE OPENE	D
Guaranty Federal Bank	209-367-766		3169	06/01/0	00
ADDRESS CITY	STATE ZIP	CODE DISPOSITION C	F SURPLUS FUNDS		
200 N. Church Street Lodi	CA 9524	O Charity	7		
200 N. Church Street Lodi	CA 9524	0 Charity	7		
Primarily Formed Committee Primarily formed to support or	oppose specific candidates or measures i	a single election. List below:			
	<del></del>			SUPPORT OF	PPOSI
				1 301.071	, , ,

SUPPORT

OPPOSE

## Statement of Organization Recipient Committee

STATEMENT OF OR	IGANIZATION
CALIFORNIA FORM	410

	Page 3
COMMITTEENAME Committee to Elect Bob Johnson	1.D. NUMBER 1224608
4. Type of Committee (Continued)	
General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:  CITY Committee  COUNTY Committee  STATE Committee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
Broad Based Committee	

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
  - This committee has ceased to receive contributions and make expenditures;
  - · This committee does not anticipate receiving contributions or making expenditures in the future;
  - . This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - · This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
    - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to the <u>Information Manual on Campaign Disclosure Provisions of the Political Reform Act. for Elected Officers. Candidates and their Controlled Committees</u> (Manual A).
    - -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.